



Maternity/Paternity Leave Intent Form

Name: \_\_\_\_\_ EID \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Classified Professional Confidential
Classified Administrator Educational Administrator
Faculty Associate Faculty Unit B

The following is my intent for Maternity/Paternity Leave. All dates are subject to medical condition and, therefore, are approximate until further notice.

I understand all accrued leaves will be utilized towards my leave, if applicable. This time will begin at first date of absence and will extend to the end of my leave(s) as designated below.

Baby's Birth/Due/Placement Date: \_\_\_\_\_

Type of Leave Requested (check all that apply)

PREGNANCY DIABILITY LEAVE (PDL)

Begin \_\_\_\_\_ End \_\_\_\_\_
Full \_\_\_\_\_ or Partial Leave \_\_\_\_\_ (on leave \_\_\_\_\_ hours per week)

MATERNITY LEAVE (Family Medical Leave Act (FMLA))

Begin \_\_\_\_\_ End \_\_\_\_\_
Full \_\_\_\_\_ or Partial Leave \_\_\_\_\_ (on leave \_\_\_\_\_ hours per week)

PARENTAL LEAVE/BABY BONDING:

CALIFORNIA FAMILY RIGHTS LEAVE ACT (CFRA)

PARENTAL LEAVE (California Ed Code)

Begin \_\_\_\_\_ End \_\_\_\_\_
Full \_\_\_\_\_ or Partial Leave \_\_\_\_\_ (on leave \_\_\_\_\_ hours per week)

PERSONAL NECESSITY (PN) LEAVE (California Ed Code)

Begin \_\_\_\_\_ End \_\_\_\_\_
Full \_\_\_\_\_ or Partial Leave \_\_\_\_\_ (on leave \_\_\_\_\_ hours per week)

LEAVE WITHOUT PAY FOR CHILD REARING (LWOP) (SEIU §12.9, AFA §18.06):

This Leave Without Pay for Child Rearing is an unpaid leave. Your health benefits are NOT PAID for by the District, therefore, you will be responsible for the payment of your health insurance premiums during this time.

Begin \_\_\_\_\_ End \_\_\_\_\_
Full \_\_\_\_\_ or Partial Leave \_\_\_\_\_ (on leave \_\_\_\_\_ hours per week)

